

Docket No. 99104CON

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Applicant: James A. Belmont

Group Art Unit: 1625

FEB 17 2009

Appln. No.: 09/672,328

Examiner: Taylor V. Oh

Filed: September 29, 2000

Confirmation No.: 1547

For: **MODIFIED PIGMENTS HAVING STERIC AND AMPHIPHILIC GROUPS****OFFICIAL PAPER - EXAMINER TAYLOR V. OH**

Facsimile No. 1-571-273-8300

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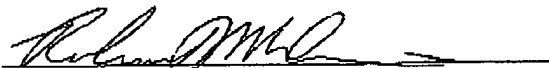
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I hereby certify that the attached paper (along with any paper referred to as attached or enclosed therein) is being transmitted *by facsimile* to the United States Patent and Trademark Office, Fax. No. 1-571-273-8300, on **February 17, 2009**.



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Enclosure: Amendment Transmittal Letter (Large Entity), 1 page; Amendment and Response to Final Office Action, 10 pages; Transmittal of Information Disclosure Statement, 2 pages; Supplemental Information Disclosure Statement, 2 pages; Form PTO-1449 (modified), 1 page; 2 Cited References, 9 pages

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AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 99104CON	
Applicant(s): James A. Belmont					
Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
09/672,328	September 29, 2000	OH, Taylor V.	65672	1625	1547
Invention: MODIFIED PIGMENTS HAVING STERIC AND AMPHIPHILIC GROUPS					
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<u>COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	25 -	31 =	0	x \$52.00	\$0.00
INDEP. CLAIMS	6 -	8 =	0	x \$220.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 03-0060 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 Signature			Dated: February 17, 2009		
Robert M. Amici Reg. No. 52,554 CABOT CORPORATION 157 Concord Road Billerica, MA 01821 Tel. No.: (978) 670-6191 Fax No.: (978) 670-8027			<div>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date)</div> <div style="border-top: 1px solid black; margin-top: 10px;">Signature of Person Mailing Correspondence</div> <div style="border-top: 1px solid black; margin-top: 10px;">Typed or Printed Name of Person Mailing Correspondence</div>		
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